

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/567825

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 1 st AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3			1			
4				1		
5				2		
6				2		
7				2		
8				2		
9				2		
10				2		
11				2		
12				2		
13				2		
14				2		
15				2		
16				2		
17				2		
18				2		
19				2		
20				2		
21				2		
22				2		
23				2		
24				2		
25				2		
26			1			
27				1		
28				1		
29				1		
30				2		
31				1		
32				1		
33				1		
34				1		
35				1		
36				1		
37			1			
38				1		
39				2		
40					1	
41						1
42						2
43						2
44						2
45						2
46						2
47					1	
48						1
49						1
50						1
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						2
53						1
54						2
55						2
56						2
57						2
58						1
59						1
60						1
61						2
62						1
63						1
64						1
65						2
66						1
67						2
68						1
69						2
70						1
71						1
72						1
73						1
74						2
75						1
76						1
77						1
78						1
79						1
80						1
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓	3	↓
TOTAL DEP.		←		←	53	←
TOTAL CLAIMS					56	